

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X4600

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishm	ent Name			elephone Number	Date of Inspection PERMIT #		
MAUS	Buk	JL.		P12 542 8587	(mm/dd/yr)		
Establishm	ent Addre	ss (nu	mber and street, city, state, zip code)		8/22/	रग	19-203
			Now Alban, IN 47150				
Owner			P	urpose:	Follow-up Release Date		
NAFC	Schools		1	Routine	NO TODAT		
Owner's A	ddress		2	. Follow-up	Summary of Violations:		
•			3	. Complaint			
Person in C	Charge	"k	4	. Pre-Operational	Menu Type (See back of page)		
Responsibl	e Person's	E-ma	11	. Temporary . HACCP			
Certified F	ood Mana	ger	7.	. Other (list)	1 <u>X</u> 2	3	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MAR FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMM		AND IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative	•		To Be Co	orrected By
294	C		Observed alcohol and vinegar colution being	used in place of	f	Hext -	unt
			great amin or bleach	1			
245	NL		Observed contrains room allowed to	Lon		Nort	
		 	Observed alcohol and vinegar solution being used in place of part aunt quet. amount or beleach Observed sanitrainy range allowed to dry -use cloth range and sanitrar bucket or spray and paper				
	-	+	-USE CIOTH (MG MM SMUHOU PULMET	of spray and	h		
					76140		
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Received by (name and title printed):							
Received by (signature):				A.). Ingram (EHS)			
Received by	(signature	<i>)</i> .	Ins	Inspected by (signature):			
ec:			ce:		cc;		